



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	Suthanthiran, et al.	Examiner:	Unassigned
Serial No.:	10/627,408	Group Art Unit:	1642
Confirmation No:	2823	Docket:	955-10 P/CON/DIV
Filed:	July 25, 2003	Dated:	December 17, 2003
For:	USE OF ANGIOTENSIN II INHIBITORS TO PREVENT MALIGNANCIES ASSOCIATED WITH IMMUNOSUPPRESSION		

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

*I hereby certify this correspondence is being deposited
with the United States Postal Service as first class mail,
postpaid in an envelope, addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313 on December 17, 2003*

Signature: Nicole Ruspale

PRELIMINARY AMENDMENT

Sir:

Applicants respectfully submit the following Preliminary Amendment for entry in the
above-identified application prior to examination:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.



Attorney Docket No. 955-10 P/CON/DIV

In re Application of: Suthanthiran, et al.
Serial No.: 10/627,408
Confirmation No.: 2823
Filed: July 25, 2003
For: Use of Angiotensin II Inhibitors to Prevent
Malignancies Associated with
Immunosuppression

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P.O. Box 1450
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on December 17, 2003

Signature: Edna I. Gergel

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 14	MINUS	** 20	= 0
INDEP.	* 1	MINUS	*** 3	= 0

SMALL ENTITY	
RATE	ADDL. FEE
x 9=	\$
x 43=	\$
x 145=	\$
TOTAL	\$ 0.00

OR

OTHER THAN A SMALL ENTITY	
RATE	ADDL. FEE
x 18=	\$
x 86=	\$
x 290=	\$
TOTAL	\$ 0.00

OR

- ☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 08-2461 in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

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